

Case Number:	CM15-0009920		
Date Assigned:	01/27/2015	Date of Injury:	01/19/2005
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 74 year old male who sustained an industrial injury on 1/9/05. The injured worker reported symptoms in the back. The diagnoses included lower back pain and lumbar radiculopathy. Treatments to date have included bilateral lumbar facet joint injections November 2013, lumbar epidural steroid injections March 2013, and oral pain medications. PR2 dated 11/11/14 noted the injured worker presents with "limited range of motion of the lumbar spine in flexion and extension, secondary to increased pain, tightness, and stiffness" the treating physician is requesting a retrospective request for a urine drug screen for date of service 11/09/14. On 12/16/14, Utilization Review non-certified a request for a retrospective request for a urine drug screen for date of service 11/09/14. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for a urine drug screen, DOS 11/09/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2005. The worker has had various treatment modalities and use of medications including opioids. Per the guidelines, urine drug screening may be used at the initiation of opiod use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.